•	IN THE UNITE	D STATES PATENT	AND I KADEMI	ANN OFFI	
Applicant(s):	Drussel et al.	PEON	Group Art	Unit: 2841	() = 1) /= i>
Serial No.: Confirmation No	09/865,336 .: 3557	FEB 2 5 2007	Examiner:		RECEIVED J. Norris
Filed:	25 May 2001	A STATE OF THE STA	Docket No	o.: 15030 LC: /:0201	062016902 at centen 2000
Title:	SINGULATION METHODS AND SUBSTRATES FOR USE WITH SAME				
Assistant Comm Washington, D.C	issioner for Patents C. 20231				r C - sum.
We are transmitt	ing the following doc	cuments along with this T	ransmittal Sheet (wh	nich is submit	ed in triplicate):
A Petiti An Info	rmation Disclosure S documents cited on the cin the amount of \$_ied copy of a _ applided under 35 U.S.C. §11	Cime for month(s) and tatement (pgs); copies are 1449 forms, for cation, Serial No, filed 9.	s of applications	; 1449 forms	(pgs); and copies
X Other: I	Response to Restriction ment No Addition	on Requirement (2 pgs). ional fee is required.	_ The fee has been	calculated as	shown:
X Other: I	ment No Additi				shown:
X Other: I	ment No Additi	culation for Claims Pend Claims Paid for Earlier (2)	ling After Amendn		shown: Additional Fees Required
X Other: I	Fee Calc Pending Claims after	culation for Claims Pend Claims Paid for Earlier (2)	ling After Amendm Number of Additional A laims (1-2)	nent Cost per	Additional Fees

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers and please charge any additional fees or credit overpayment to Deposit Account No. 13-4895. Triplicate copies of this sheet are enclosed.

CERTIFICATE UNDER 37 C.F.R. §1.8: The undersigned hereby certifies that this Transmittal Letter and the paper(s), as described hereinabove, are being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this ______ day of February, 2002.

MUETING, RAASCH & GEBHARDT, P.A.

Customer Number: 26813

Name: Mark J. Gebhardt

Reg. No.: 35,518 Direct Dial: 612-305-1216

Total Additional Claim Fees Required

Facsimile: 612-305-1228

(LARGE ENTITY TRANSMITTAL UNDER RULE 1.8)